



SHARED LEAVE DONATION

Reference [WAC 357-31 Leave](#)

Donor's Last Name		Donor's First Name		Donor's Middle Name		Employee Number		
Agency		Division, Section/Unit			Org Code		Attendance Unit	
Attendance Keeper's Name				Mail Stop		Phone		
Personnel Representative's Name				Mail Stop		Phone		
Annual Leave Information (Must Retain Minimum of 80 Hours After Donation)								
Anniversary Date		Annual Leave Balance		Date of Leave Balance		Amount of Annual Leave Hours Donated		
Sick Leave Information (Must Retain Minimum of 176 Hours After Donation)								
Sick Leave Balance		Date of Leave Balance		Amount of Sick Leave Hours Donated				
Personal Holiday (PH)								
Personal Holiday Balance		Date of PH Balance		Personal Holiday Hours Donated		Work Schedule		
NOTE: Any leave returned will be prorated back based on the type of original leave donated.								
How did you hear of recipient's need for shared leave?								
Date Signed		Donor's Signature						
Recipient Information								
Recipient's Last Name		Recipient's First Name			Recipient's Middle Name			
Agency				Division, Section/Unit				
Program Manager/Designee Approval								
Print Name				Program Approval's Title				
Date Approved		Signature						
Employer Head or Designated Approving Authority								
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		If denied, please explain:						
Print Name				Title				
Date		Signature						

The Public Records Act, RCW 42.17.250, et. seq., requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.